

Medical History Form



Patient Name

Isai Pineda

Age: *51*

Sex: ☒ F ☐ M

Height: *5* ft *9* in

Weight *130* lbs

Body Mass Index (BMI)

At what weight would you feel comfortable to maintain? lbs

Allergies (include medications such as Lidocaine, antibiotics, sulfa, etc.):

None

Present Medications:

Prednisone, Cellcept, Coraer, Norvasc, Protonix, Pravachol

General Medical History

Have you ever been hospitalized? ☒ YES ☐ NO If yes, describe below:

Year Diagnosis Reason for hospitalization Description outcome

2004 Heart transplant / Cardio Myopathy, Heart failure

Please use the space below to describe any present or past medical problems.

Problems	Year Diagnosed	Description	Problem	Year Diagnosed	Description
High Blood Pressure	<i>2010</i>		Arthritis	<i>/</i>	
Diabetes	<i>/</i>		Cancer	<i>/</i>	
Thyroid Problems	<i>/</i>		Stroke	<i>/</i>	
Heart Disease	<i>2004</i>		"Milk Allergy"	<i>/</i>	
Lung Disease	<i>/</i>		Ulcers	<i>/</i>	
Blood Vessel Disease	<i>/</i>		High Blood		
(Thrombosis,	<i>/</i>		Cholesterol or	<i>/</i>	
Blockage, Phlebitis)	<i>/</i>		Triglycerides	<i>/</i>	
Kidney Disease	<i>/</i>		Gallstones	<i>/</i>	
Liver Disease	<i>/</i>		Back Problems	<i>/</i>	
Intestine Problems	<i>/</i>		Seizures	<i>/</i>	

Other Problems

Signature

[Signature]

Date

4.18.12

Medical History Form



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Height: 5 ft 9 in Weight 130 lbs Body Mass Index (BMI)

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Present Medications: Conas, Norvasc, Pravastatin

General Medical History

Have you ever been hospitalized? YES ☒ NO ☐ If yes, describe below:

Year Diagnosis Reason for hospitalization Description/outcome

Please use the space below to describe any present or past medical problems.

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Diabetes	<u>—</u>		Cancer	<u>—</u>	
Thyroid Problems	<u>—</u>		Stroke	<u>—</u>	
Heart Disease	<u>—</u>		"Milk Allergy"	<u>—</u>	
Lung Disease	<u>—</u>		Ulcers	<u>—</u>	
Blood Vessel Disease			High Blood		
(Thrombosis,			Cholesterol or		
Blockage, Phlebitis)	<u>—</u>		Triglycerides	<u>—</u>	
Kidney Disease	<u>—</u>		Gallstones	<u>—</u>	
Liver Disease	<u>—</u>		Back Problems	<u>—</u>	
Intestine Problems	<u>—</u>		Seizures	<u>—</u>	

Other Problems

Signature [Signature]

Date 4.18.12